



☐ Reinsurance Intermediary Broker ☐ Reinsurance Intermediary Manager

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I hereby certify that I am in compliance with and will continue to comply with all Title 24-A requirements with regard to a reinsurance intermediary.

The following applies to Reinsurance Intermediary Manager only:

I further certify that the contracts provided to the Superintendent pursuant to Title 24-A M.R.S.A. §747 contain all terms required by that section. Any provisions not consistent with Maine statutes will be null and void.

Signature of License Applicant

Typed/Printed Name of Above Signature

Title

Name of Organization

Date

Subscribed and sworn to before me, a Notary Public in
and for the county of
this _____ day of _____ 20____

Notary Signature

Typed/Printed Name of Notary

My commission expires _____

Please Note:

FEES: You will be billed a \$50 licensure fee once your application has been reviewed. Please, do not submit any money with the application. The continuation fee is due annually June 1st.

CONTACT: Barbora Garboski, Assistant Insurance Analyst
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